

Inventor(s): JOHNSON  
Appl. / or Patent No.:   
Filed:  or Issued:   
For: FEMORAL PROSTHESIS

y. Dkt.  
PMS 225528/  
M# / Client Ref.

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27 (b)) - **INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled as above and described in

X ☒ the specification filed herewith  
one → ☐ Application No. /, filed  
box → ☐ Patent No. , issued

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, convey or license any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e):

Each (small entity) person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention

X → ☒ there is no such person, concern, or organization.  
one → ☐ such persons, concerns or organizations are listed in (A) and (B) below:

(A) FULL NAME of assignee/licensee/grantee/conveyee\*  
ADDRESS  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

(B) FULL NAME of assignee/licensee/grantee/conveyee\*  
ADDRESS  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

\*NOTE: Separate verified statement is required from each person, concern or organization named in (A) and (B) above having rights to the invention, averring to his/her/its status as a small entity. (37 CFR 1.27)

I acknowledge the duty to file, in this case, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

1. <u>Lanny L. JOHNSON</u> NAME OF INVENTOR	2. <u></u> NAME OF INVENTOR	3. <u></u> NAME OF INVENTOR
X <u><i>Lanny L. Johnson</i></u> Signature of Inventor	<u></u> Signature of Inventor	<u></u> Signature of Inventor
X <u>5/26/98</u> Date	<u></u> Date	<u></u> Date

FOR UTILITY/DESIGN  
CIP/PCT NATIONAL/PLANT  
ORIGINAL/SUBSTITUTE/SUPPLEMENT  
DECLARATIONS

RULE 63 (37 C.F.R. 1.56)  
DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PM & S  
FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the **INVENTION ENTITLED FEMORAL PROSTHESIS**

the specification of which (CHECK applicable BOX(ES))  
X → ☒ is attached hereto.  
BOX(ES) → ☐ was filed on \_\_\_\_\_ as U.S. Application No. \_\_\_\_\_ / \_\_\_\_\_  
→ ☐ was filed as PCT International Application No. PCT/ \_\_\_\_\_ / \_\_\_\_\_ on \_\_\_\_\_

and (if applicable to U.S. or PCT application) was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

**PRIOR FOREIGN APPLICATION(S)**

Number	Country	Day/MONTH/Year Filed	Date first Laid-open or Published	Date Patented or Granted	Priority Claimed Yes No
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I hereby claim domestic priority benefit under 35 U.S.C. 119/120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

**PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)**

Application No. (series code/serial no.)	Day/MONTH/Year Filed	Status pending, abandoned, patented	Priority Claimed Yes No
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Madison & Sutro LLP, Intellectual Property Group, 1100 New York Avenue, N.W., Ninth Floor, East Tower, Washington, D.C. 20005-3918, telephone number (202) 861-3000 (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete names/numbers below of persons no longer with their firm and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above firm and/or a below attorney in writing to the contrary.

Name	First	Middle Initial	Family Name	Residence	City	State/Foreign Country	Country of Citizenship
Paul N. Kokulis	16773	Edward M. Prince	22429	Michelle N. Lester	32331	Ruth N. Morduch	31044
Raymond F. Lippitt	17519	David W. Brinkman	20817	G. Paul Edgell	24238	Richard H. Zaitlen	27248
G. Lloyd Knight	17698	Donald J. Bird	25323	Lynn E. Eccleston	35861	Roger R. Wise	31204
Carl G. Love	18781	Peter W. Gowdey	25872	Timothy J. Klima	34852	Jay M. Finkelstein	21082
Edgar H. Martin	20534	Dale S. Lazar	28872	David A. Jakopin	32995	Anita M. Kirkpatrick	32617
William K. West, Jr.	22057	Paul E. White, Jr.	32011	Mark G. Paulson	30793		
Kevin E. Joyce	20508	Glenn J. Perry	28458	Stephen C. Glazier	31361		
George M. Sirilla	18221	Kendrew H. Colton	30368	Paul F. McQuade	31542		

(1) INVENTOR'S SIGNATURE: *Lanny L. Johnson*

Date: *6-4-98*

Lanny		JOHNSON	
First	Middle Initial	Family Name	
Residence	Okemos	Michigan	USA
City	State/Foreign Country		Country of Citizenship
Post Office Address	2950 East Mount Hope Road, Okemos, Michigan		
(include Zip Code)	48864		

(2) INVENTOR'S SIGNATURE:

Date:

First	Middle Initial	Family Name	
Residence			
City	State/Foreign Country		Country of Citizenship
Post Office Address			
(include Zip Code)			

(FOR ADDITIONAL INVENTORS, check box ☐ to attach PAT 116-2 same information for each re signature, name, date, citizenship, residence and address.)

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/096,611	06/12/98	623	3738	PMS225528

APPLICANT

LANNY L. JOHNSON, OKEMOS, MI.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED *None*

*[Signature]*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

*[Signature]* *NONE*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

*[Signature]* *NONE*

FOREIGN FILING LICENSE GRANTED 06/26/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>[Signature]</i> Examiner's Initials _____ Initials _____						

ADDRESS

PHILSBURY MADISON & SUTRO  
INTELLECTUAL PROPERTY GROUP  
1100 NEW YORK AVENUE N W  
NINTH FLOOR EAST TOWER  
WASHINGTON DC 20005-3918

TITLE

FEMORAL PROSTHESIS

FILING FEE RECEIVED  \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/096,611	FILING DATE 06/12/98	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. PMS225528
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APPLICANT

LANNY L. JOHNSON, OKEMOS, MI.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

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Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

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1100 NEW YORK AVENUE N W  
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WASHINGTON DC 20005-3918

TITLE

FEMORAL PROSTHESIS

FILING FEE RECEIVED  \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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